

Waste Tire Facilities
EMERGENCY RESPONSE PLAN

General Information: (please print or type)

1. _____
Facility Name
2. _____
Facility Mailing Address

City County Zip
Section_____Township_____Range_____
Latitude_____ Longitude_____
3. _____
Site Operator's Name

Mailing Address

4. _____
Property Owner Name

Mailing Address

5. List the names and telephone numbers of the persons and appropriate agencies to be contacted in case of emergency:
Facility Owner: () -
Facility Operator:() -
Local Fire Authority: () -
Local Environmental Health Department: () -
Regional Water Quality Control Board: () -
Any additional numbers that may be needed:

6. Emergency Response Equipment available

A. Minimum equipment required:

+-+

+-+ One, dry chemical fire extinguisher

Weight_____

+-+

+-+ One, 2 1/2 gallon water extinguisher

+-+

+-+ One, pike pole at least 10 feet in length

+-+

+-+ One each, round point and one square point shovel

B. Additional emergency response equipment present at the facility or available for use by the facility and how it is intended for use in case of emergency (you may attach local fire authority requirements if available):

C. Please attach a map showing the location of fire lanes, tire pile configurations, fire hydrants, power supply, and emergency response equipment (show title of map and date).

7. Describe the procedures that should be followed in the event of a fire, including procedures to contain and dispose of any pyrolytic oil generated by the combustion of tires and any water used to fight the fire.